

7002 0860 0000 1409 0494

U.S. Postal Service <b>CERTIFIED MAIL RECEIPT</b> (Domestic Mail Only: No Insurance Coverage Provided)	
<b>OFFICIAL USE</b>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here 1:01-CR-82 DOC. 32 4/15/06	
Sent To ROGER MELVEN 03486-061	
Street, Apt. No., or PO Box No. FCC, P.O. BOX 33	
City, State, ZIP+4 TERRE HAUTE, IN 47808	
PS Form 3800, April 2002 See Reverse for Instructions	